## MINUTES MAY 15, 2013

## IN ATTDANCE:

Leanne Jasset, Chairperson
Mary Ellard, Vice Chairperson
Dr. Sarah Rosenberg-Scott, Member
Catherine Cardinale, R. S. Health Director
Leontia Flanagan, Assistant Director
Joan Conway, Administrative Assistant

Leanne called the meeting to order at 6:30 p.m.. The first order of business is to accept the minutes. Mary motioned to accept the minutes of March 26<sup>th</sup> board meeting as written, seconded by Dr. Scott. All in favor aye opposed none minutes accepted. Mary made a motion to accept the minutes of April 23<sup>rd</sup> as written seconded by Dr. Scott all in favor aye opposed none. Minutes accepted.

## **Open Discussion:**

Leanne explained that we will have an open discussion segment at our meetings where any member of the audience can ask questions or make a comment. There may be some limitations if there are things that need to be discussed before the open discussion or commentary. We may have to put it off until another time in our meeting but it is always a welcome part of our meeting.

Cathy introduced Dr. Jonathan Winickoff who is working with Dr. Hartmann in an effort to raise the age to buy tobacco products. Dr. Hartmann could not be here this evening. Canton, Westwood, Needham, Sharon and Dover are the towns who have or are planning to increase the age to purchase tobacco. Four towns are going to 21 while others are going to 19 years of age and increasing each year until reaching 21 years old. Cathy said she believes it will be left up to the local boards to decide the policy. Leanne asked what towns are now at the age of 21. Dr. Winickoff said Needham, Sharon, Canton and Dover are all at 21 now. Dr. Winickoff said that the big tobacco companies will come back strong once they realize towns are changing the age to purchase tobacco. In 2005 Needham changed the purchasing age to 21. Dr. Winickoff explained that 90% of smokers started before they were 21 years old. When you ask current smokers if they wished they hadn't started smoking as a kid they say yes. The tobacco companies know this that is why they have quadrupled there advertizing in the convince stores where kids go. They know the 18 year olds will buy for younger kids. If you make it to 21 being a non-smoker you have a 3 percent chance of never becoming a smoker. The tobacco companies know this and need to get smokers at a young age. They need to get them in high school. Leanne asked about compliance and Dr. Winickoff said we already have an age of purchase at 18 so we would keep the ordinance and work toward 21. You would think we would have done this before but there was something called state pre-emption so the tobacco industry basically made it illegal for boards of health and local communities to take charges and put this ordinance in place. But new federal legislation allows local boards to make the decision about age for their communities. Leanne asked what communities are doing the phased approach Dr. Winickoff said going straight to 21 is best but that Millis, Brookline and Westwood will be

phasing in the age to purchase. New York City will be going straight to 21. Fifty communities have banned sale of tobacco in pharmacies.

The National Association of Pediatricians is 100% behind moving the purchase age to 21. Leanne said she would like to have some input from D.J. Wilson of the Massachusetts Tobacco Control. Cathy said she would contact him tomorrow. Leanne explained that we would not be able to vote on this tonight because a vote was not on the agenda. Cathy said she would like to make some changes to the regulations saying that if you sell to a minor you lose your license to sell tobacco no more fines and hearings for violators of the tobacco regulations. Licenses are suspended now for a week and \$100.00 fines are not fazing them. Dr. Rosenberg-Scott asked if Dr. Winickoff if he had a hand-out with some talking points; Dr. Winickoff gave a copy of the New York City information and Cathy said she has the information that Dr. Hartmann brought to the October 16, 2012 meeting. Leanne said she would like to have a public hearing first before taking a vote. Mary explained when we have a public hearing we bring in someone from the state to do a presentation to the public. Dr. Winickoff said he would be happy to supply the board with scientific based information for the public hearing.

The next item for discussion is the Emergency Drill that was conducted April 27<sup>th</sup>. Leanne felt it was busy and chaotic but a great learning curve. We saw where our strengths and weaknesses were. Cathy said we will see what the after action report has to say. Cathy said she was upset about the drill the first round was chaotic we were under the impression that we would be sheltering animals and getting people in and out. I felt this drill was above and beyond anything that we would ever be dealing with at a shelter and we never discharged any of the patients. The triage area was too small for the number of medical cases coming through. Leanne said she thought there could have been less patients and more help in that it was learning for the help so to speak. Cathy said there were 32 positions to fill in the drill; we will be lucky if we fill 10 positions at a shelter. If we opened a shelter we will contact our (MRC) Medical Reserve Corp. and hope we get people with a medical background to come and help us. I won't have a chart to see who is coming in and where we can put them. We needed more runners going back and forth and there was a lot of pressure put on the triage people. Some of the evaluators were a little cruel and negative. They are supposed to just evaluate and not pass comments. The second round with a few clarifications ran smoothly. Paul Bidenger was happy and the after action report will be coming.

New Medical Marijuana regulations are out and the towns will not be responsible for enforcing them the State will. The job notice for our nurse has been posted in house and will be advertized the 31<sup>st</sup> in the Dedham Times and MHOA web site for the following two weeks. At our next meeting I am hoping we will be doing interviews. I would like to hire some per-diem nurses using the funds from the medical revolving account. I would like to take next year's emergency 4b account and hire a food inspector. If I do that it would be about 3 hrs a week. However, I may just do it as needed. We cannot keep up with the inspections and we will be having 3 more camps this summer bringing the total to 15 camps. I would post a notice on the Mass Health web site for a part-time food inspector. I spoke to the Wellesley Health Department and they hire nurse's per-diem when they get busy.

We have had a few housing issues I brought it up to Mr. Keegan again about Boston's approach to rental property. Every landlord has to be registered with Inspectional Services and every year they have to be inspected if not a section 8 or the owner resides there. They can be inspected every 3-5 years after that depending on their history with Inspectional Services or if they have violations they will continue to be inspected every year. This could generate a great deal of income for us. The housing departments will inspection section 8. The board would have to pass an ordinance, create a revolving account then we would hire a contracted inspector. The inspector would do the inspections and give us the reports. We

would have to issue the order to correct. Because it is a board of health violation and you have to be an agent of the board to site the violation and the enforcing agent is the board of health. The City is targeting their problem landlords first then eventually it will be all rental units. It goes into effect in 2014 in the City of Boston. This is a way to generate money and we desperately need the help. Summer pools and camps are coming in. I will put together some information for the implementation of the perdiem nurse and everyone will be able to review it.

Our intern will be starting in the office she will do 120 hours over the course of the summer. I will have her do two projects. I think I will have her do a PR project for the office and community assessment for either obesity or drug intervention. I think the obesity issue is something we could definitely work on. With no further business to discuss Mary motioned to adjourn the meeting at 7:15 p.m. Dr. Rosenberg-Scott seconded all in favor aye opposed none. So Voted:

		Leanne Jasset, Chairperson
Leanne Jasset a	djourned the meeting at 7:15 p.m.	
Sarah R. Scott	yes	
Mary Ellard	yes	
Leanne Jasset	yes	